

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/517576**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
5	1		1				
6					1	—	
7					1	—	
8					1	—	
9					1	—	
10					1	—	
11			1				
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19							
20							
21					1	—	
22					1	—	
23					1	—	
24					1	—	
25					1	—	
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27					1	—	
28					1	—	
29					1	—	
30					1	—	
31					1	—	
32					1	—	
33					1	—	
34					1	—	
35					1	—	
36					1	—	
37					1	—	
38					1	—	
39					1	—	
40					1	—	
41					1	—	
42					1	—	
43					1	—	
44					1	—	
45					1	—	
46					1	—	
47					1	—	
48					1	—	
49					1	—	
50					1	—	
TOTAL IND.	3		3				
TOTAL DEP.	30	←	18	←			
TOTAL CLAIMS	33		21				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
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94							
95							
96							
97							
98							
99							
100							
TOTAL IND.					↓		
TOTAL DEP.		←			↓		
TOTAL CLAIMS					←		